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EPIDEMIC INTERMITTENT CATARRH.

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A NUMBER of years since I was attacked, one evening in September, with a dry hacking cough, with a sense of constriction in the larynx. The disposition to cough was very frequent through the whole of the evening, and lasted till I went to bed at 11 o'clock, accompanied all the while with the same constricted feeling. Almost immediately after lying down, the cough ceased, though the constriction remained. I however soon fell asleep, and when I awoke in the morning, I felt perfectly well. After rising and moving about, I coughed lightly a few times, and expectorated a little frothy mucus. During the remainder of the day continued well, and supposed the attack of the evening before was the result of some transient irritation of the larynx, and that it had passed away. At about the same hour in the evening, however, the same symptoms returned, and pursued the same course, the incessant coughing lasting till bed-time, and ceasing soon after retiring to rest, and the constriction of the throat disappearing during sleep, while a slight cough and expectoration ensued in the morning. Thus it went on, day after day, for a number of weeks. In a short time I remarked that the return of the paroxysm in the evening was very regular; the sense of constriction beginning to be felt very exactly at 7 o'clock, and the cough beginning in a few minutes after. No matter how or where I was employed, whether quietly reading or writing in my office, visiting patients, or engaged with company or conversation, no sooner did the hour of 7, P. M., come, than the constriction and the cough came also, so that after a few days I needed no time-piece to tell me of the arrival of that hour of the evening. So troublesome was the cough, that I found it almost impossible to carry on any conversation, as almost every attempt to speak produced it immediately, and in visiting my patients my questions would sometimes be interrupted for several minutes in succession. I tried a variety of medicines of approved efficacy, demulcents, expectorants, &c., with little or no effect.

Of the nature of this singular malady, I was at a loss to form a correct opinion. But remembering something of the feelings experienced during a long attack of asthma when I was a boy, and finding much in the

present sensations resembling them, I finally, for want of something better, set it down as an attack of that disease, which for some capricious reason preferred making its visits in the early evening instead of the early morning. After some weeks of ineffectual medication, I found that under the use of copaiba the cough became less dry and more easy, and having occasion, for some little derangement of the digestive organs, to make use for a few days of small doses of carbonate of iron, soda and cubebs, much to my pleasure and surprise, the disease soon disappeared.

I often since have thought of the circumstances as being peculiar, but never, either in reading or practice, met with anything much resembling them, till the past summer, during a singular epidemic that prevailed in this vicinity. This seemed to be essentially a febrile catarrh, varying greatly, however, in its symptoms, and somewhat in its course, during its prevalence, which lasted from April till November, when new cases of it ceased to make their appearance. When it first showed itself in April, or perhaps earlier, in March, its appearance was that of typhoid pneumonia. There was a considerable fever, of a sub-acute typhoid character, with very frequent cough, and soon a profuse expectoration of rusty frothy mucus. There was some pain in the side, chiefly the left side, sometimes in the region of the thorax, not very regular nor persistent, but more frequently and more severely in the left hypogastric and hypochondriac region, extending down as far as to the ileum, and even somewhat lower than the crest of it.

In these cases, under a mild antiphlogistic and expectorant course, with epispastics and rubefacients to the chest and seat of the pain, the febrile symptoms were in a few days alleviated, and at the end of a fortnight pretty generally ceased. The cough at the same time became looser and less troublesome, the mucus lost its bloody tinge, and the expectoration for the most part became less after the cessation of the febrile symptoms, and in a week or two gradually ceased. In some of the cases, however, the profuse frothy expectoration continued long and subsided slowly, and the cough was more troublesome for two or three hours in the afternoon. As the season advanced into summer, the character of the fever changed; it was less distinctly marked, but of longer duration; the rusty color of the sputa did not show itself, and in many of the cases the expectoration was scanty. The cough, however, was equally vehement, perhaps more so, and often took the shape of severe paroxysms resembling those of the whooping cough, and in some instances even the hoop occasionally occurred. The febrile symptoms were in several cases so slight as not to attract attention, and indeed, as regarded any essential interference with the patient's comfort, might be said not to exist. There was no particular feeling of uneasiness besides the cough and some constriction of the chest. The appetite was good, the spirits good, and the great functions well performed. In these cases, in fact, the complaint appeared very much like a mild whooping cough. It however attacked persons without distinction of age, and those who had had whooping cough years ago seemed no more exempt from it than others. Most of the persons who had this form used little medication

other than domestic remedies, and the complaint passed off in from two to three months. In two or three instances, under some particular pressure of the symptoms, I was called upon, and by the prescription of an emetic, followed by the syrup of squills or of senega, mixed at night with a gentle anodyne, was enabled to relieve the urgency that required my assistance.

In those cases that had a marked febrile character, while the cough was considerably troublesome, sometimes paroxysmal, like that just described, and sometimes frequent, short and dry, I noticed soon the afternoon exacerbation. It would come on in frequent, prolonged, strangling fits, like those of the whooping cough, but for an hour or two the fits would be almost incessant, after which they would have very much longer intervals. After having witnessed this, I gave a dose of sulphate of morphine with a grain or two of sub-carbonate of soda at the beginning of these paroxysms, with the effect of alleviating them very much for the time, but with little effect upon their recurrence. While going on thus with two or three cases, I had a new one in which the patient, after a few days, informed me that this paroxysm came on at precisely 2 o'clock in the afternoon, and lasted as much as two hours with great violence. Struck with this exact periodicity, I determined, as an experiment, to try the effect of a dose of sulphate of quinine. I accordingly directed one to be taken about 11, A. M., leaving an emetic to be used subsequently if the quinine should be found to occasion any considerable stricture of the chest. This effect, however, was not produced, but the paroxysm was put off from 2 to 5, P. M., and was then rather less violent. The next day I gave one dose of the quinine (half a grain) at 11, A. M., and a second at 3, P. M. The paroxysm did not come on till 9, P. M., and lasted but an hour. The third day I gave three doses, at 11, A. M., 3 and 7, P. M. There was no paroxysm that day. There was considerable cough at irregular intervals, however, as there had been all along. This I combated with squills, senega, and finally copaiba, with the addition of an anodyne at night, generally sulphate of morphine, with a small dose of colchicum, while I continued giving the quinine thrice a-day as last mentioned. This patient amended rapidly, and I began something of the same kind with the others. In one or two cases the quinine produced so much stricture of the chest upon first trying it, that I was forced to lay it by for a while, till by the use of small doses of antimony (tartarized), ipecac. or colchicum, I had produced some relaxation, and then was able to resume it with good effect. In new cases I tried these things awhile, till I thought the system sufficiently prepared, and then had recourse to the quinine whenever there was any distinctly-marked periodical paroxysm, which it always relieved.

One case, however, was peculiar. The fever at first was moderate but continued, considerable thirst, no appetite, skin dry, tongue moist and slightly coated with brownish white fur, cough frequent, short and dry, and though partially quieted by an anodyne at night, so that the patient, after the few first days, spoke of herself as resting well, her

husband said that her sleep was uneasy and accompanied with frequent groaning. After three or four weeks of but little amendment, notwithstanding the trial of a considerable variety of means, the fever took a distinct quotidian type, beginning at 10, A. M., with a well-marked feeling of chilliness, languor and heaviness, lasting about an hour, followed by a hot fit of about two hours' duration, succeeded by a relaxation of the skin, with however but little sensible perspiration. As soon as I had ascertained this change, which was about the time I had observed the good effects of the quinine in the first-marked case recently stated, I began to use the quinine in the intervals of the fever, at first cautiously and in small doses, on account of a considerable degree of delicacy in my patient's constitution, but soon, finding a marked improvement, more freely, in connection with the remedies for the cough already mentioned. In a week or two the paroxysms of fever disappeared, the cough rapidly grew less, and all symptoms of disease vanished, though strength returned but slowly. The patient's hair came off almost entirely during convalescence.

In one instance this complaint attacked a young man while convalescing from a very severe typhus, still weak and not wholly free even then from febrile symptoms. Although some advantage was apparently gained over the severity of the symptoms, yet the complaint by its severity and persistency proved too much for his weakened system to bear, especially as it was just the coming on of winter, and the weather changeable, and often severe. He died at the expiration of five weeks from the attack, apparently from the accumulation of frothy mucus in the bronchial tubes, which he was unable to expectorate.

McCulloch has exhibited a great variety of the forms of intermittent disease, which he attributes to a malarious origin, but none, I think, in which the proper paroxysm of fever was re-placed by a paroxysm of coughing. Yet the instances here related seem to show that such a form of the disease may exist, and be successfully combated by the remedies for an intermittent, instead of those peculiarly adapted to the disease under the mask of which it appears.

*Charlestown, N. H., March, 1848.*

#### UNUSUAL HÆMORRHAGE FROM INGUINAL TUMOR—FALSE DIAGNOSIS—"REPORTED CASES"—SURGICAL EMERGENCIES.

*(Communicated for the Boston Medical and Surgical Journal.)*

JANUARY 12th, was called, in consultation, to see Miss B., aged about 35, and found her bleached and prostrate from loss of blood; her pulse broken and flickering, almost imperceptible. She had discovered, some nine months previous, a small tumor in the left groin, which had continued steadily to increase. From some extraordinary conformation of mind, she felt an unconquerable reluctance to make it known; and her own mother, residing in the same house, knew nothing of it, till within a few hours of the time I saw her. She had observed, however,

the evident failure of her daughter's health and strength; and a short time before the occurrence of the hæmorrhage, had said to her that she was sure she was afflicted with some disease, or "sore," that she had not disclosed. Miss B. burst into tears, and made known the presence of the tumor. A few hours after this, there was profuse hæmorrhage, amounting, in the estimation of the family, to a gallon. Dr. Hyde was called immediately, but did not arrive till after the bleeding had subsided. He thought it inguinal aneurism, and requested that Dr. Ballou and myself should be called in consultation. From the condition of the patient, and the bed, and floor, we thought the estimated loss of blood was not too large. The tumor was hemispherical, about eight inches in diameter at its base, extending from the outer margin of the ileum, which it slightly overlapped, towards the pubes, beyond the mesial line. From its inferior edge it sent a process which extended some two or three inches down the thigh, imbedding itself in the cellular tissue. Its elevation was from four to five—nearer five inches. The surface was tumulous, and the integuments attenuated and dingy. The tumor was rather firm, slightly elastic; and the skin had yielded in three different places, where the blood had escaped through small openings. No pulsation could be felt (in the tumor), and in the course of the artery below it was very indistinct; perhaps, imperceptible.

The case presented just the aspect to puzzle and confound an unpractised eye. Was it fungus hæmatodes? Its general appearance was such as characterizes that disease. It might be some other form or development of carcinoma. It should be borne in mind, meanwhile, that the history of its origin and progress was out of the question. No one but the patient knew anything of the matter; and her own mind was broken and incoherent, and her own account of it contradictory and unsatisfactory. At one time she answered that on her first discovery of the tumor (which she at no time attributed to accident or injury) it was soft and pulsating; at another, that it was hard; at another, that it was painful; and still at another, that it gave her little uneasiness. From the fact that she designated the point where the femoral artery emerges in the groin as the place where the tumor commenced; from the impression on her mind that it was first soft and pulsating; and from the suddenness and great amount of the hæmorrhage, we inferred that it might be aneurism; or, the arterial tissues might have yielded from the invasion of the malignant tumor.

If it was aneurism, there was no remedy but the ligature of the iliac. If the artery had given way, from the invasion of the tumor, the same necessity still existed. If the artery was still entire, even, we thought it probably involved in the tumor, and that no reliance could be placed on the healthiness of its tissues. Could we safely propose the extirpation of the tumor, without the precaution of tying the iliac? Or, on the supposition that the femoral artery was yet sound, might we hazard the disastrous termination of the case, by attempting the removal of the tumor, in the present exsanguinated and prostrate condition of the patient? We thought not; and decided that time for the replenish-

ing of the vessels and the rallying of the patient should be allowed; and for the reviewing of our own diagnosis; with little hope, however, that any curative measures would ever be practicable.

Feb. 16th.—I had learnt that there had been a second bleeding, in the case of Miss B., though I had only seen her once, at the time of my first and only visit. It occurred some seventeen days subsequent to the first, and was estimated to be about two pints. Dr. Hyde regarded her condition such as to forbid the hope of any surgical operation, which, indeed, she had resolutely declined; and consequently, I was not surprised to learn that she died on the 13th inst. Dr. Hyde writes thus: "She gradually declined, after the second bleeding, and indeed never rallied after the first. There was much fetor, sloughing, sphacelation, oozing of blood from the tumor, retching and vomiting. In regard to the proposed *post-mortem*, the brother of Miss B. has made very *exceptionable terms*—that Dr. Ballou and yourself shall accept the privilege, as a compensation, in full, for the professional services previously rendered to Miss B." The favor was declined by Dr. Ballou and myself; and Dr. Hyde declined the autopsy, I presume, from courtesy to us. Mr. B. took our refusal in dudgeon, and very fortunately for the completion of this report, offered to another, gratuitously, I suppose, a privilege which we had refused to buy.

The sequel is somewhat significant; though not very complimentary to the diagnostic acumen of Miss B.'s medical attendants. "Truth lies hid in the bottom of a well." The femoral artery was found ensconced, *safe and sound*, beneath the fascia of the thigh! There were indications that nature had attempted something for the patient's relief. Partial separation of the tumor and healthy granulation had occurred at its outer edge. The minutes of the case, such as they are, to the last date (Feb. 16th), had been made before the inglorious denouement had burst upon me: otherwise, you would probably have been unadvised of the matter. And why so? If every fact in a reported case, which may convict the writer of error in opinion or practice, is to be omitted, little benefit will accrue to the profession from such reports. Teaching by negative example is not unfrequently an effective mode of instruction. Let me recapitulate. No knowledge of the origin or progress of the tumor was to be gained, except from the patient. Her own mind was broken, her account of it contradictory. Yet she once or twice intimated that it was first "soft and beating," or "throbbing." This, in connection with its supposed point of origin, together with the suddenness and great amount of the hæmorrhage, induced us to think it might be aneurism. We had little doubt that there was lesion of the artery, and thought the tumor *might be* carcinomatous. There might be *coincidence* of aneurism and carcinoma. The result has swept all these speculations to the "tomb of the Capulets," and there let them rest. It is at least probable that the extirpation of the tumor, at any time subsequent to the first bleeding, and perhaps for some time previous, would have been, not merely useless, but disastrous.

Wherein, then, consists the importance or interest of this case to your

readers? Every rare and urgent emergency in medical or surgical experience, if clearly and *truly* stated, whatever be the character of the practice, actual or proposed, may be suggestive of thoughts, and conclusions, and purposes, difficult of attainment, and of great value to the young practitioner. There may be among the readers of the Journal some isolated surgeon, at an impracticable distance from efficient counsel, who may encounter an inguinal tumor that shall turn out to be a *veritable* aneurism. To such I would repeat the direction contained in a valuable culinary treatise, for the cooking of a turbot. "First, catch a turbot." In the next place, when quite sure of the turbot, forbear to disclose, *prematurely*, to the patient, the difficulty and danger of the operation. A consciousness of defective preparation on that specific point; a fitting sense of the indispensable importance of an accurate knowledge of all the anatomical relations of the region occupied by the iliac, will interfere with the maintenance of the quiet confidence of tone and bearing, so necessary to inspire trust and submission in the patient. Time should first be taken for a quiet and careful review of every point involved, that our own clearer and more definite knowledge of what we are to encounter may inspire us with the steadiness and confidence necessary to gain the patient. There are probably many surgeons, with all the general knowledge, and mental efficiency, and manual dexterity, necessary for such an occasion, who would find themselves unprepared to attempt the ligature of the iliac artery, simply because it had never occurred to them during their pupilage, nor during the subsequent years of professional life, that they should *themselves* ever find such occasion. Why should not every surgical student; every young surgeon, especially, such as intend to settle in the country, take for granted that every occasion which calls for a known surgical operation, will happen to himself? It is only thus he can effectually study the anatomical relations of the different regions, and acquire that abiding readiness for every emergency which characterizes a good surgeon.

St. Albans, Vt., Feb. 16, 1848.

J. L. CHANDLER.

#### A NEW METHOD FOR RAPIDLY UNITING WOUNDS BY FIRST INTENTION.

[Communicated for the Boston Medical and Surgical Journal.]

It is well known that common cotton, subjected for a certain length of time to the action of nitric and sulphuric acids, combined in stated proportions, is so changed in its intimate structure as to acquire an explosive property.

Professor Schonbein originally demonstrated this discovery, and ascertained the fact that prepared in a certain manner, this cotton is capable of solution in sulphuric ether.\* It is known in the community by a name

\* It has been shown to be soluble in chloroform.

acquired from its explosive quality—gun cotton. I learned the manner of preparing this cotton, and of dissolving it in ether, from Dr. Chas. T. Jackson, who remarked upon it and exhibited specimens before the Natural History Society, in Dec. 1846, or Jan. 1847. He enumerated various uses to which it might be applied—among others, for a brilliant varnish. For this use I soon after prepared a bottle, according to his directions. While engaged in employing it in this way, I accidentally smeared with it a fresh wound on my finger. The smarting called my attention to it, and I endeavored immediately to rub it off. It had dried, however, instantaneously, and remained on. The smarting very soon ceased, and when the film was removed, perfect union had taken place. Since this time I have been testing the efficacy of this preparation, as opportunities have occurred, as a dressing for wounds, especially those which it is desirable to unite rapidly, by first intention. It will be seen to possess, very eminently, all the requirements for producing such a union.

1st. By its powerful contraction, upon evaporation, it places the edges of an incised wound in much more intimate contact than is obtained by sutures and adhesive cloth—unites them by equal pressure throughout the whole extent of the wound, and maintains them immovably fixed.

2d. It preserves the wound perfectly from contact with the air—being impermeable to the atmosphere, while its adhesion to the skin is so intimate as to preclude the possibility of the air entering beneath its edges.

3d. The substance remaining in contact with the skin and wound after the evaporation of the ether, seems to be entirely inert so far as any irritating property is concerned, and this can hardly be said of any resinous adhesive cloth or preparation.

4th. It does away with the necessity for sutures in incised wounds of almost any extent.

5th. It is sure to remain in intimate contact with the skin until union is complete—and being quite impervious to water, and presenting a polished surface, it allows the surrounding parts to be washed without regard to the wound or dressing.

6th. It is colorless and transparent, thus permitting the surgeon to witness all that goes on beneath, without involving the necessity for its removal.

7th. No heat is necessary for its application, and the presence of any moderate degree of cold is only objectionable in retarding the evaporation of the ether.

8th. It may be made at a trifling cost—an ounce phial, intrinsically worth little, being sufficient for a great number of dressings.

It is not incised wounds alone which are amenable to its use, though the mode of its application to a stump, or an ulcer, or any wound involving an extensive loss of skin, must be modified.

It is of the first importance that this preparation be properly made and applied. The process for the application is very simple.

For straight incisions of *whatever length*, provided the edges can be

brought together without great difficulty, it is better to apply the solution in immediate contact with the skin—as follows. The bleeding should be arrested, and the skin thoroughly dried. If the lips of the wound are themselves in contact, the surgeon has only to apply a coating of the solution lengthwise over the approximated edges by means of a camel's hair pencil, leaving it untouched after the brush has once passed over it till it is dry, during, perhaps, ten or twenty seconds. This first film will of itself have confined the edges together; but in order to increase the firmness of the support, more must then be applied in the same manner, allowing it to extend on either side of the incision a half an inch or more. If, however, the wound gapes, an assistant is required to bring the edges in contact and retain them so whilst the application is made. If the incision is so long that the assistant cannot place the edges in apposition throughout the whole extent, begin by covering a small portion at the upper end, and apply the solution to the lower parts as fast as it becomes dry above.\* In this case something more than the film which is left adherent to the skin will be necessary for a safe and proper support to the wound, which may have a tendency to separate. The transparency of the dressing may be still maintained by adapting a piece of gold-beater's skin or oiled silk to the wound. This should be covered with the solution, and the membrane applied after the coating is on and already contracted. A dossil of lint, or a strip of cloth, or even a piece of tissue paper which is thus rendered tough and water-proof, will answer the same purpose, though not transparent. Where there is much separation, it is better to fortify the wound in this way at once, and as fast as the first coating is applied and dry.

In dressing the wound left by the removal of the breast, the preparation may be applied in the same way. If, however, adhesion by first intention be not desired, the gum may be painted on in transverse strips, like adhesive cloth, letting the first strip dry and giving it the gold-beater's skin support before the second is applied. Thus room is left for the escape of pus, and the exposed portion may be watched without removing the strips.

As a dressing after the operation for hare-lip or cancer of the lip, where union by first intention and a narrow linear cicatrix are so desirable, this answers particularly well. The use of one or two sutures to the mucous surface is not obviated, as the solution will not adhere to the moist epithelium, or to a surface secreting mucus, with sufficient certainty. But this does not interfere at all with the satisfactory result upon the cuticle, as the skin will be probably united before the necessity for removing the sutures arrives.

In operations for the restoration of parts, as, for instance, the nose, where union by first intention is important, we have had no opportunity to see it applied, but from analogy do not doubt that it would succeed

\* Having made a dog insensible with ether, I made an incision down the back where the hair had been removed by an old scald six or eight inches in length, and dressed it alone with the preparation, without a suture. The union was perfect the whole extent in about thirty hours, even in the old cicatrix.

perfectly, as it fulfils so entirely many of the requirements for such union. The same of all plastic operations; and a drop placed upon a small cut, or the puncture of a sub-cutaneous operation, seals them hermetically.

In dressing an ulcer, where there is, of course, a loss of soft parts, it is better to apply it through the intervention of some medium. Let a strip of cloth or gold-beater's skin be cut of sufficient length, then let the two ends be covered thickly, an inch or more, with the solution. Apply this strip, like a strip of adhesive cloth, so that the middle of the cloth, where there is none of the solution, shall come over the ulcer. After all the strips are applied, the air may be excluded by painting the cloth upon the outside over the ulcer with the solution. The same contraction goes on in drying, and so approximates the edges of the ulcer, and gives it firm support.

These are a few points which may serve to illustrate the general plan of the application of the adhesive gum to wounds—it must be left to the surgeon to make special investigation, as particular cases may demand.

To anticipate an obvious objection; the momentary pain arising from the direct application of the ether to an incised surface, may be in a great measure prevented by the intimate apposition of the edges of the wound. Again, this stimulus is brief, and probably more than counteracted by the refrigerating influence of the evaporating ether. There are undoubtedly cases when such a stimulus would prove beneficial. It is even possible that the rapidity of the union which takes place under a coating of this gum, may be due, in part, to the influence of this stimulus.

I will allude, in a few words, to some of the surgical uses of the solution of gum cotton unconnected with the dressing of wounds. It may probably be applied instead of starch to a bandage enveloping a limb. Here, again, its power of contraction is a desideratum, as a snug casing is generally desired, and the force is exerted equally. Perhaps the limb may be immersed in the solution without the intervention of the bandage. Several coatings will here be required. Its use as a means of rendering pasteboard splints impervious to water has been suggested to me by Dr. H. J. Bigelow; and a hundred other applications may be made of it at the bedside by the surgeon, who knows its nature and qualities. The pathologist, with his abrasions thus protected, may enter the inflamed peritoneal cavity with impunity, or examine fearlessly the products of inoculable lesions. In dissection, hang-nails, sores, or abrasions of any kind, will be thus fully protected.

I am informed that a series of experiments are being now made at the Mass. General Hospital, by the surgeons in attendance, who will be soon able to test its value and range of application.

*Boston, March 16, 1848.*

S. L. BIGELOW.

# CONVULSIONS FOLLOWING THE USE OF CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

BELOW is a case reported and sent to me by my father, in which he made use of chloroform to superinduce anæsthesia for an obstetric patient. If it is of any use in your Journal, it is at your disposal.

Yours, &c. B. L. B.

I was called, in an obstetric case, Feb. 3d, 1848, to a young woman 17 years old. She was small, but thick and fleshy—her abdomen was very large, and I expected a severe case. Her pains hard, the child made but little progress. I had recourse to the chloroform to fumigate and inhale; but could not persuade her to use it to any advantage. I then gave her twenty-five drops of the chloroform to take into her stomach. It mitigated her pains, and parturition went on very kindly. The child was born with but little pain, and no bad symptoms followed. I left her the fore part of the evening, very comfortable. About 10 o'clock I was called to visit her in convulsion fits. I immediately prepared an antiphlogistic solution, and applied it damp and cold to the head. I ordered her injections, although her bowels were in order. I gave her sal. succinatum and a carminative tea, with valerian. Her spasms continued without much abatement for about twenty hours, although she had been bled twice in the time. They gradually wore off in about the same time. The lochia kept up in its usual course during that time. Her milk came in about five or six days. In about ten days she had a good flow of milk, and was able to work. In her spasms she wounded her tongue badly.

Being 80 years old, and having followed the obstetric branch nearly sixty years, I have no recollection of ever having a case like this before. I have been called to other physicians' patients like this, but never knew one to live. Could the chloroform have been the cause of this?

Northborough, March 1st, 1848.

STEPHEN BALL.

## DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 93.]

**GASTRITIS.**—Gastritis is an affection, formidable in name, and, perhaps, sometimes (owing chiefly to the imprudence or intractableness of the patient), difficult of cure, but easy of diagnosis and simple of treatment. It requires far less of description and discussion than is usually given to it, but this, not on account of its being a trivial, but merely a readily apprehended malady.

Gastritis is seldom found unaccompanied with more or less of œsophagitis and duodenitis. The inflammatory affection may extend to all the coats of the viscus—the mucous, muscular and peritoneal; or be confined chiefly, or altogether, to the first; and the last is the form or

degree of gastritis that we are, in nineteen out of twenty cases, called on to treat. Again, the inflammatory affection may be of a phlegmonoid character, and occur in a comparatively sound constitution, induced by a short course of intemperance in food and drink; or it is manifested in a subject of the arthritic diathesis, after a *long* course of free living, and repeated previous lesser stomachic derangements; and in its type presents erysipelatoid characters. This is a more serious complication.

It was at one time the opinion, that suppuration or ulceration of the gastric mucous membrane was of rare occurrence, and it was doubted whether, when such did happen, the disorganization of the membrane could be repaired. Beaumont's observations have thrown a great light on this subject. He noticed in St. Martin's case, after a few days' free indulgence by that person in spirituous drink, phenomena of a sufficiently alarming character, such as "erythema and aphthous patches on the mucous surface;" "secretions vitiated; extracted about half an ounce of gastric juice; not clear and pure as in health; quite viscid." On the following day, Dr. Beaumont "extracted one ounce of gastric fluids, consisting of unusual proportions of vitiated mucus, saliva and some bile, tinged slightly with blood, appearing to exude from the surface of the erythema and aphthous patches, which were tenderer and more irritable than usual." On other occasions, and in consequence of too stimulant food or drink, he noticed the mucous membrane of St. Martin's stomach to present deep red pimples, at first sharp-pointed and red, and which frequently became filled with pus. Sometimes the membrane was red, dry, and irritable-looking. At other times the mucous membrane was abraded and rolled up, like shreds of epidermis on a blistered surface. Sometimes the secretions seemed entirely suspended; at other times, they were so acrid as to smart and excoriate the edges of the aperture in the epigastrium. How strikingly all this illustrates the most serious effects of too stimulant food! How it shows that the gastric mucous membrane is a far more delicate organ than we are accustomed to think, while, at the same time, we see what apparently perilous, and seemingly irreparable, lesions the *vis naturæ medicatrix* is able to remove!

Though there is little risk of any practitioner of ordinary discrimination finding the smallest difficulty in drawing the diagnosis of gastritis and gastralgia, yet it may just be observed, that pressure on the epigastrium causes pain in the former, and usually not in the latter; that there are sometimes or commonly heat and tumefaction at the pit of the stomach, in gastritis, not in gastralgia; that nausea and vomiting are much more frequent in the first than in the second; that in gastritis the tongue is red, and there is thirst; in gastralgia the tongue is usually clean, and thirst is rare; that there are, more or less, fever and quickness and fullness of pulse in gastritis, not in gastralgia; that the former has usually for its causes, stimulant ingesta, toxicological, dietetic or medicinal; the latter is commonly due to such causes as the nervous, hysterical or hypochondriac temperament or diathesis, anæmia, moral anxiety, chagrin, &c. Finally, the one is exasperated, the other often benefited or cured by tonics or stimulants.

It is not necessary to refer to Broussais's well-known views on the nature, complications and treatment of gastritis. It is usual with some persons, both here and in France, to decry the doctrines and practice of this eminent man; but, making allowance for some *slight* exaggeration as to the frequency and severity of the consequences of gastritis on remote organs, as the cerebrum, &c.; and for his absolute, or almost absolute, interdiction of purgatives, as sure to exasperate the existing irritation (the direct contrary effect is often the result); there is little or nothing to be objected to Broussais. He held, and held justly, that hepatic derangement (and he might have added pancreatic) often is involved in gastro-duodenal affections, complicating them, and adding to the danger of the patient, and the difficulty of cure; and his views as to the extreme and long-continued severity required in diet, and the wonderful tendency of the disease to relapse, even under seemingly the slightest and most trivial dietetic incautiousness, recommend themselves, for their fidelity, to every practitioner who has had much experience of chronic dyspeptic disease.

Gastritis may be divided into the acute and the chronic, both of which must be treated antiphlogistically, but the former with more energy than the latter. There are other minor differences in the respective modes of treatment, which shall be noticed in due course.

*Acute Gastritis.*—We have already remarked, that the most frequent cause of this, as indeed of the chronic variety also, is too stimulant dietetic ingesta. The connection of the cause now named with the effect gastritis, is too obvious to require detailed explanation. *Ubi stimulus, ibi affluxus.* Even food in no more than due quantity, and of due quality, occasions the presence of an unusual, though normal, quantity of blood, in the arteries of the gastric mucous membrane, to supply, no doubt, those various secretions, for the elimination of which food or drink is the physiological indication and stimulant. If the food be moderate in mass and in stimulant properties, the normal vascular turgescence caused by its presence subsides in due time—namely, on the completion of chymification, and the mucous membrane returns to its ordinary degree of arterial fullness. But if the food have been inordinate in quantity, or over stimulant in quality, the arterial distension of the gastric mucous membrane is unduly protracted. Permanent dilatation and congestion of the vessels gradually take place, if the cause is frequently repeated; the phenomena of an inflammation, more or less active, ensue, in other words, gastritis.

In young and robust men, whose dietetic excesses have been at once sudden and great, the inflammation is usually rapid and acute; it is characterized by epigastric pain without pressure, but which, pressure greatly increases; a feeling of heat, fulness and obstruction at the pit of the stomach and in the right hypochondrium; dryness, heat and redness of the tongue, palate and oesophagus; when cold fluids are swallowed, an obvious and grateful consciousness of these passing over a heated surface, both in the throat and stomach; a pulse somewhat accelerated and full; often dryness and heat of the palms of the hands and soles of the

feet; sometimes headache; sometimes nausea and want of appetite, though, on the other hand, as Beaumont remarked in St. Martin's case, the appetite may be "craving," even while the mucous membrane of the stomach is in a state of acute inflammation and serious disorganization!

If the patient is young, and of a full habit, and if there are great tenderness and fulness at the epigastrium, with much redness of tongue, much thirst, and a full pulse, leeches must be applied to the pit of the stomach, partly as a local but not less as a general measure. The truth is, that there is reason for doubt, whether, in case of inflammation of the stomach, bowels, or brain, leeches applied on the front of the abdomen, or on the temples, exert any effect at all considerable, as *local* means. Still there is no objection, and some small advantage, in applying them in these situations, since, while we are sure of the general effect, we have also some chance, at least, of obtaining a local one also. In the circumstances above detailed, not less than a dozen leeches need be applied. As a substitute for these, and as less troublesome and more prompt, cupping may be practised, to the extent of from six to sixteen ounces; the expediency of repeating it, and that to what extent, and how soon, will depend on the effect of the first depletion. After the leeching or cupping, a large and warm cataplasm should be applied. Of course all stimulant articles of food or drink will be suspended. Care must also be taken that no medicine should be given calculated to augment the irritation of the mucous membrane. If castor or olive oil are not rejected, nothing is more eligible, or more adapted to lessen, without irritation, the tension and fulness of the mucous membrane of the stomach, duodenum, and small intestines. Injections may be added, to encourage the action of the oil; and after the stomach and bowels are thus disembarassed, they should be left, as regards purgatives, in entire repose, for from twelve to twenty-four hours. Many refrigerant drinks may be given—such as the one recommended by Sydenham in inflammations, composed of orange-flower water, nitrate of potass, and syrup; or the nitrate of potass may be dissolved in barley or rice water. The addition of the ipecacuan wine will be found useful in reducing the pulse, producing diaphoresis, (the establishment of which will greatly relieve the stomachic pain, &c.), and also in promoting the restoration of the secretion of the gastric mucous membrane. If the pain or uneasiness at the epigastrium is great, and the thirst and heat considerable, iced water may be allowed, the feet and body being kept warm. The food, meantime, must consist of such articles as currant jelly, blancmange, calves'-foot jelly, or very light chicken soup, or decoctions of barley, rice, &c.

Subsequently, if the tenderness at the epigastrium remains, after the moderation or disappearance of the other symptoms, and threatens to become chronic, occasional mustard epithems, a warm plaster, or perhaps, as more effectual, and even, in the end, less troublesome, the fly blister may be resorted to.

In chronic gastritis, bloodletting is seldom or never required: a greater variety of internal measures may be adopted, and is expedient, than in the acute form, in which gentle aperients, powerful refrigerants, and blood-

letting, with abstinence or very meagre diet, are the chief means. In chronic gastritis, alteratives are admissible, of which the blue pill, with extract of rhubarb and ipecacuan (the latter in as large proportion as possible), is decidedly the most eligible.

Draughts of the *infusum lupuli*, with a drachm or two of the liquor *ammonia acetatis*, are useful, repeated frequently; and a few drops of ipecacuan wine may be advantageously added. If the subject of chronic gastritis is not of arthritic diathesis, and not beyond middle life, an acidulous diet, such as apples, pears, grapes, currants, strawberries, and acidulous drink, such as cider, perry, lemonade, claret, may be allowed; and if there are means and opportunity, the waters of Pyrmont, Carlsbad, Spa, Seltzer, Wiesbaden, or Stonefield, in Lincolnshire. Some French physicians allow, also, in this variety, chalybeate waters, in decoction of rice or barley—a permission which we think injudicious. If the patient is arthritic, and past middle life, his bowels must be regulated with blue pill, extract of rhubarb, and ipecacuan. He may take infusion of hop, with carbonate of soda, and colchicum wine. If opportunity offers, he may use the waters of Vichy or Plombières, and, in general, avoid acids. He must dress warmly, eat moderately, take regular exercise, and, if possible, seek travel, and change of air.—*London Lancet*.

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#### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 22, 1848.

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*Ventilation of Passenger Vessels.*—The discovery seems recently to have been made at various points, both in the old and new world, that atmospheric air was actually made to breathe. Heretofore, the closer an apartment could be finished, the better; and the idea that it was necessary to ventilate a school-room, a church, public halls, or ships, has hardly been entertained till very lately. All at once, assembly rooms are, in many places, constructed with reference to a circulation of fresh air; hotels must have breathing holes; school-houses, in which hundreds of children are wedged together, have municipal assistance in way of being oxygenated—and, finally, halls of legislation are found to be unhealthy places of confinement, unless they have pure currents of unvitiated air rushing through them perpetually. But the most necessary reform of all, in the category of places that need to be purged of their foulness by free ventilation, has been strangely neglected, so far as legislation could effect a change. Individual enterprise, mechanical ingenuity, and, here and there, transient efforts prompted by the law of self-preservation, or the instinctive desire to keep a cargo of tropical fruit from rotting on a voyage, is about the whole extent of the care bestowed upon that class of habitations which are the homes of seafaring men. In view of the great and criminal loss of human life in immigrant vessels, since the importation of foreigners has become an extraordinary branch of mercantile business, the Hon. Joseph Grinnell, a member of Congress from Massachusetts, has reported a bill to

provide for the ventilation of passenger vessels and for other purposes. This bill exhibits a comprehensive knowledge of the evils in question, and of the importance of legal provisions for their removal; and, emanating as it does from the highest authority, will be the means, it is hoped, of securing the lives, health and daily comfort of those who traverse the ocean. We cannot particularize the provisions of the bill, because it would virtually be transferring the whole document to our pages. Excellent and unexceptionable apparatus has been devised to accomplish this desideratum on ship-board, which entitles Mr. Frederick Emerson, of Boston, the inventor, to the gratitude of coming generations. Whether Mr. Grinnell contemplates, in the act, the introduction of that gentleman's tubes and valves, is not known. He could hardly confer on the merchant service a higher boon than to compel navigators to carry with them Mr. Emerson's invention, to be adjusted whenever more than thirty persons were to commence a voyage in the same vessel, or when cargoes of hides, wool, cotton, fruit, and emigrant passengers, were to cross the Atlantic. As a matter of course, ship owners will remonstrate against what they may consider an invasion of their inalienable rights; but let no such considerations divert Mr. Grinnell from the noble and humane purpose in which he is engaged. If life is worth preserving at all, every exertion to better the condition of men whose health and lives are so often placed in jeopardy under circumstances which are beyond individual control, is not only humane, but god-like, and should commend itself to the favorable regards of Congress.

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*Causes and Treatment of Abortion and Sterility.*—This is a book that is calculated to create some sensation, from the circumstance that it treats of subjects that medical men do not always understand, although they are expected to be wise in everything appertaining to their profession. The work is strictly an inquiry into the physiological and morbid conditions of the uterus, with reference, especially, to leucorrhæal affections and diseases of menstruation. James Whitehead, Surgeon of the Manchester and Salford Lying-in Hospital, is the author. Messrs. Lea & Blanchard, Philadelphia, are the publishers. The volume is a good-sized one, 368 pages, arranged into ten chapters, which embrace a large field of curious and instructive information. The chapters treat of menstruation, and accompanying phenomena; conditions which principally influence it, at its commencement; diseases peculiar to that state; last menstrual crisis; signs of pregnancy; statistics of abortion; causes of abortion; and sterility. From this scheme, it will be seen that the author has laid out an ample amount of matter for a long discussion, and upon topics which naturally engender much philosophical and physiological interest. A great amount of industry appears to have been exercised in collecting the facts upon which his positions are founded. For example, Mr. Whitehead observes, at page 229—"I questioned 2000 women on their admission as patients of the Manchester Lying-in Hospital," &c. This increases much the value of the statistical researches brought to bear, in a variety of ways, upon the various topics presented to the reader.

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*Attenuated Medicines.*—B. F. Joslin, M.D., of New York, delivered an address before the New York Homœopathic Society, on the 9th of March, 1847, on the evidences of the power of small doses and attenuated medi-

cines, including a theory of potentization, which seems to have wandered as far north, in manuscript, as Nashua, N. H., where it was recently published. Dr. Joslin is singularly gifted with a vein of wit—for he begins very appropriately with a fable of an ass and a steamboat, which appears so long after the death of the most distinguished of moralists, who taught lessons of wisdom in the language and actions of animals, that it is presumed Æsop had nothing to do with the fable—steamboats, too, being of modern invention. It is to the genius of homœopathy, therefore, the world is indebted for this conversation between an ass and a boat, which seems to have exceedingly edified Dr. Joslin, the only auditor on the memorable occasion.

"*The Living Age.*"—On a former occasion, the notice of medical gentlemen was directed to the literary claims of a weekly periodical published in Boston, called "*The Living Age.*" In again reverting to its merits, we feel that it is no departure from a proper position in saying to our professional brethren, that, as we cannot always be studying the details of symptoms, or the elaborations of theorists, nor are we always to be confined to the severe investigations of medical research, this digest of all that is worth reading in the circulating literature of Europe, will be found a pleasant and profitable resort. Not a little medical matter is embraced in the work. Last week the whole history of the discovery of etherization was introduced. For reference, therefore, it will hereafter be valuable to physicians. In recommending it as an agreeable, useful Journal of the current literature of the times, we have no other motive than wishing to direct the attention of our readers to a pleasant and profitable source of intellectual enjoyment.

*Prof. Draper's Introductory Lecture—The Human Brain.*—Among other interesting recently-published matters which have been lying on our table, apparently neglected, but in reality waiting each its turn, is the last annual introductory lecture of Prof. Draper, of the University of New York, of whose similar productions, in former years, we have had occasion to speak favorably. The present is not, perhaps, in any sense, inferior to the others. The following quotation is all for which we can find room, and may be considered a fair specimen of the exceedingly happy manner in which the author imparts interest to every subject upon which his pen is engaged.

"If you ask some men to show you the noblest object that can occupy our attention, they point to the heavens; and, surely, when we consider the number, the distance, the magnificence of those flaming suns, they may well be regarded as the types of infinitude and eternity. But say, you who are anatomists and lovers of philosophy, can that gorgeous spectacle in reality compare with the brain of man? That is the masterpiece of God. Those suns and their attendant planets, execute their intricate motions in passive obedience to one simple law—the law of gravitation. Magnificent as it is, it is all mechanical. Can such things compare with the brain, which, in the compass of a single span, contains the springs of whatever we do, and receives the impressions of whatever we experience? In this laboratory of wonders have originated all the great crimes which deform our species, and all the illustrious acts which are our glory. If you are

astonished that the sun, millions of miles off, can control the movements of a circling planet, is it not a matter of greater amazement, that this small organ shapes events that are to happen a thousand years after it has ceased to exist; for, are not religion, law, science, civilization, the offspring of the past? The past! has it not surrendered its secrets to our keeping, not only through the means of historical recollections, but, overleaping the date of our own creation, have we not penetrated into those hidden times which witnessed the first dawn of organization on this earth? In the unfathomable abysses of the universe, where star after star in succession is lost, we find a resting place, and comprehend the distances, the magnitudes, the times, of those revolving orbs. The cerebral matter receives in its plastic substance the minute representation of that majestic universe. Nor is the eye alone its minister, but also every organ of sense. The sounds of music that float in the air, depict their shadowy forms upon it; and, after the lapse of years, suddenly present themselves, often on the slightest cause, and the voice embodies them again. The brain is also the storehouse of all our recollections. In its windings there are the voices of those we have loved. The phantoms of the dead sit in its mysterious vaults. They wait until memory orders them to come forth to revisit the scenes through which they have passed. How often in prosperity do they extend a warning; in adversity they are our guardian angels; they attend us in the busy scenes of life, and are our companions in solitude."

*Delegates to the National Medical Association from Massachusetts.*—The Counsellors of the Massachusetts Medical Society, at their meeting in February, 1848, voted to send 50 delegates to the meeting of the American Medical Association, to be held in Baltimore in May, 1848. They made choice of the following gentlemen to compose that list:—Drs. A. L. Peirson, Salem; George Choate, do.; Joseph Reynolds, Gloucester; Asahel H. Wildes, Ipswich; Jeremiah Spofford, Bradford; Rufus Longley, Haverhill; John Green, Worcester; Edward Flint, Leicester; C. W. Wilder, Leominster; Stephen Batchelder, Royalston; S. C. Hartwell, Southbridge; J. W. D. Osgood, Templeton; Joseph Sargent, Worcester; Royal Fowler, Stockbridge; Robert Worthington, Lenox; Benj. Barrett, Northampton; S. W. Williams, Deerfield; Paul Spooner, New Bedford; Lyman Bartlett, do.; P. L. Nichols, Kingston; Aaron Cornish, Falmouth; E. W. Carpenter, Chatham; Wm. Bridgman, Jas. M. Smith, Springfield; J. C. Dalton, Elisha Huntington, Lowell; Nehemiah Cutter, Pepperell; Josiah Bartlett, Concord; J. Wellington, W. Cambridge; Horatio Adams, Waltham; Simon Whitney, Framingham; A. B. Adams, Bedford; Joshua Green, Groton; Hiram Hosmer, Watertown; J. O. Green, Lowell; A. R. Thompson, Charlestown; Jeremy Stimpson, Dedham; Eben. Alden, Randolph; Henry Bartlett, Roxbury; Edward Jarvis, Dorchester; Elisha Fearing, Nantucket; Z. B. Adams, John Jeffries, Wm. J. Walker, Winslow Lewis, J. V. C. Smith, D. H. Storer, Alex. Thomas, Ezra Palmer, M. S. Perry, Martin Gay, H. J. Clark, H. I. Bowditch, Henry Dyer and Henry Bryant, Boston.

*The Ethereal Solution of Prepared Cotton.*—The following paragraph is extracted from a communication by J. P. Maynard, drawn up for the Boston Society for Medical Improvement:—

"The grounds on which I rest my claim of the the original application of this agent to surgery, are the following—1st. That I used it in the first case upon my own person—then upon the body of another—again upon a wound on my own hand, and that these cases were the first instances in which it had been surgically applied. 2d. I afterwards communicated the fact of my having surgically used it to my friend and fellow student, Sam'l L. Bigelow, upon whose veracity and memory I must depend for corroboration of the facts, if needed. 3d. Public announcement was made in the journals of the day that it had been applied most successfully in a surgical operation performed by Dr. S. S. Whitney, of Dedham, upon the face of a female for the cure of a horrible deformity caused by a burn in childhood—to those newspapers I refer for proof of this assertion. 4th. I have used and superintended its use for more than a year in over a hundred cases of surgery. For proof of this I refer to Dr. S. S. Whitney, Dr. Fisher of Boston, Dr. Mason, and the patients themselves who have had ocular demonstration of the truth of my remark. Notwithstanding all this, it will not be inconsistent with human nature should many *post-facto* claims be set up to the merits (if any) of the first application of a *solution of cotton to surgical uses*. If, however, any person can establish a better right, I will waive my claim."

**A New Journal.**—A new French Journal has just been started, with the following curious title—*Journal of Theological Medicine, and of Supernatural Phenomena*. It is to go upon the principles of a sound, true and orthodox philosophy. It has its origin from a society composed of physicians and theologians. To ourselves theological medicine is a new branch of physic, and, in our apprehension, it may embrace a variety of topics rather curious than useful.—*London Lancet*.

**New Books Received.**—With all our efforts to keep up with the publication of new books, pamphlets, &c., purely medical in their character, the mound increases; but gentlemen must not be discouraged, for it is our intention to acknowledge, at least, all favors of the kind. Lying before us are the following:—No. 1 of the Student's Library on the *Principles and Practice of Midwifery*, by D. H. Tucker, M.D., from the press of Lindsay & Blakiston, Philadelphia.—Dr. John Wm. Draper's *Lecture on Phosphorus*, in the University of New York—interesting and instructive as usual.—Prof. Samuel H. Dickson's lecture in the same institution, introductory to his course on the *Theory and Practice of Medicine*.—Annual Report of the Perkins Institution for the Blind, in Boston.—Braithwaite's Retrospect, a new and admirable number, for sale by Wiley & Co.—Dr. Buchanan's Replies to Drs. Rice and Mussey, at Cincinnati.—Prof. Hard's lecture on *Atresia Vaginae*, at the Indiana Medical College.—The *American Journal of the Arts and Sciences*.—A host of pamphlets in addition to the above are among the accumulations of the past few weeks. If this Journal were doubled in pages, room would hardly be found, at times, for presenting the claims of the various emanations of the medical and scientific press. A mere mention of their titles must, therefore, in many cases, suffice.

**TO CORRESPONDENTS.**—Dr. Wallace's paper on the Nervous System of the Eye, and a notice of Dr. Pereira's Lectures on Chemistry, have been received.

**DIED.**—In Danbury, Conn., of malignant erysipelas, Dr. Munson A. Shephard—a member of the class in the Medical Institution of Yale College.—At Trumbull, Conn., of consumption, Nathan Bulkeley, aged 26—a member of the class in the Medical Institution of Yale College.—At Washington, Dr. Thomas P. Jones, formerly Superintendent of the Patent Office, and editor of the Franklin Journal, 75.

**Report of Deaths in Boston**—for the week ending March 18th, 45.—Males, 33—females, 12.—Stillborn, 4. Of consumption, 13—typhus fever, 7—lung fever, 4—scarlet fever, 2—smallpox, 2—apoplexy, 1—dropsy on the brain, 2—croup, 2—convulsions, 1—inflammation of the bowels, 1—disease of the heart, 1—disease of the bowels, 1—disease of the spine, 1—tumor, 1—bronchitis, 1—hemorrhage, 1—influenza, 1—dysentery, 1—hooping cough, 1—infantile, 1—teething, 1. Under 5 years, 16—between 5 and 20 years, 4—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 2.

**Medical Miscellany.**—The black vomit has been prevailing extensively about the Medi mission, in Africa, for some months.—Dr. Lilliewalch, of Stockholm, Sweden, having caused searches to be made in the marshes of Scania, has discovered the skeletons of men and animals in a remarkable state of preservation. Near them he also found arms, instruments for sport and fishing, and utensils of different descriptions, all of which are in stone, showing that the use of metals was unknown when they were made. They belong to those primitive people of whom traces remain in the traditions of the North, but whose race is now extinct. Dr. Lilliewalch has placed his discoveries at the disposition of the Minister of Public Instruction in France.—A large body of students attended the late course of lectures in the Medical School of Georgia. There were 111 belonging to that State, 18 from South Carolina, 16 from Alabama, 2 from Mississippi, 1 from Tennessee, &c., being 150 in all.—In Stoughton, Mass., recently died, Betsey Williams, one of the Punkapog tribe of Indians, of pure blood, aged 100 years. Her sister, Mary Burr, still lives, being “the last of the Mohegans” of pure blood.—Influenza, in an epidemic form, has visited the Samoan Islands.—Dr. Maxwell, of the United States Navy, has hired 100 acres of land for 50 years, at Hilo, in the Sandwich Islands, in company with an American gentleman, for the purpose of raising coffee.—Messrs. Fowler & Wells, 131 Nassau street, New York, have the most extensive collection of works for sale on Phrenology, in America, it is presumed.—Twenty-five dollars a week, with board, have been offered at New York for nurses to attend patients with ship fever.—There is a man in Catskill, N. Y., who has been tapped 108 times for dropsy, had 324 gallons (2,592 pounds) of water taken from him, and yet walks about town.—The London Times asserts that a dragoon of the Royal Irish, named Biddle, devoured for dinner, between the hour of two and twilight, a leg of mutton, weighing fourteen pounds, half a bushel of potatoes, half a bushel of turnips, and two loaves of bread, washing it down with a gallon of ale!

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March 22—ep4t&eopif

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March 22—tt

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Sept. 30.—tt

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